§ 32A-34. Statutory form authorization to consent to health care for minor.

The use of the following form in the creation of any authorization to consent to health care for minor is lawful and, when used, it shall meet the requirements and be construed in accordance with the provisions of this Article.

"Authorization to Consent to Health Care for Minor."

I,	, of	County,	, am the custodial parent having
legal custody	of	, a minor child, age	am the custodial parent having born . I
authorize	, an ad	ult in whose care the min	or child has been entrusted, and who
resides at	, to do	any acts which may be r	necessary or proper to provide for the
		O.	I to, the power (i) to provide for such
health care at	any hospital or	other institution, or the	employing of any physician, dentist,
nurse, or other	person whose se	rvices may be needed for	such health care, and (ii) to consent to
and authorize	any health care	e, including administration	on of anesthesia, X-ray examination,
-		1	nysicians, dentists, and other medical
personnel exce	pt the withholding	ng or withdrawal of life su	staining procedures.
[Optional:	This consent	shall be effective from	om the date of execution to and
including	·].	
			anding and capacity to communicate
			to the contents of this document and
understand the	full import of the	is grant of powers to the ag	gent named herein.
(CEAL	`		
(SEAL)	,		D. (
Custodial Pare	nι		Date
STATE OF NO	ORTH CAROLIN	ſΑ	
COUNTY OF			
named executed the fo	, to me knov oregoing instrum	vn and known to me to tent and he (or she) ackno	personally appeared before me the be the person described in and who owledges that he (or she) executed the statements in the foregoing instrument
		Notor	· Dodali ·
		Notary	Public
My Commission	on Expires:		
(OFFICIAL SI	EAL). (1993, c.	150, s. 1; 1999-456, s. 5	59.)

G.S. 32a-34 Page 1